



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 1605

Bib Data Sheet

|  |   |                               |   |                            |                                |
|--|---|-------------------------------|---|----------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/667,634   | <b>FILING OR 371(c) DATE</b><br>09/22/2003<br><b>RULE</b>   | <b>CLASS</b><br>128           | <b>GROUP ART UNIT</b><br>3743   | <b>ATTORNEY DOCKET NO.</b> |                                |
| <b>APPLICANTS</b><br>Reginald Loral Hart, Chicago, IL;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 01/31/2004</b>   |   |                               |   |                            |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>20  | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Reginald Hart<br>P. O. BOX 806551<br>CHICAGO ,IL 60680-4126  |   |                               |   |                            |                                |
| <b>TITLE</b><br>Dermawear  |   |                               |   |                            |                                |
| <b>FILING FEE RECEIVED</b><br>385  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |                                |